

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 207

**63-046967**  
STATE FILE NUMBER

**FILED DEC 20 1963**

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Butler</u>		c. CITY OR TOWN <u>Butler</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Pacific &amp; Mill</u>		Length of stay in 1b <u>1 year</u>	d. STREET ADDRESS (If outside, give location) <u>508 N. Water</u>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Franklin</u> Last <u>Fritts</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4. DATE OF DEATH Month <u>Dec.</u> Day <u>11</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-20-43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assembly</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>	9. AGE (last birthday) <u>20</u>
13a. FATHER'S NAME <u>Frank Fritts</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Richey</u>	11. BIRTHPLACE (City and state or country) <u>Butler, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT <u>Frank Fritts, Butler, Mo.</u>	
DUE TO (b) _____		16. SOCIAL SECURITY NO. _____	
DUE TO (c) _____		17. ADDRESS _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Truck hit by train.</u>	
20c. TIME OF INJURY <u>11 a.m.</u>	Month, Day, Year <u>12-11-63</u>	20f. CITY, TOWN, OR LOCATION <u>Butler</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>train crossing</u>	COUNTY <u>Bates</u>	STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:00 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Douglas I. Ronald</u>		22b. ADDRESS <u>Butler, Mo.</u>	22c. DATE SIGNED <u>12-13-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-14-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>
24. FUNERAL DIRECTOR <u>Archer &amp; Mangold, Amsterdam, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-14-63</u>	26. REGISTRAR'S SIGNATURE <u>Norma Jean Wilson</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1 0071  
2 0071  
3  
4 0  
5 0  
6  
7 17  
8 2  
9 X  
10  
11 004  
12 91-2  
13 1-0

DEC 30 1963

DEC 24 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert L. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

permitted 12-14-1963